RETIREMENT SYSTEMS OF ALABAMA	\sqcup ERS	⊔ TRS
Control Your Money Game Seminar		

2008 REGISTRATION FORM

Applicant's Name:				
Last	First		Middle Int.	
Home Mailing Address:				
<i>-</i>		(Street Address)		
	City)	(State)	(Zip Code)	
Date of Birth:	Social Secur	ity Number:		
Sex: ☐ Male ☐ Female	Email Addres	ss:		
Work Phone No.: ()		Home Phone No.: ()		
Where are you employed?				
Number of Years in the Retin	rement Systems of A	labama:		
Seminar Choice:				
	(Date)	(Location)		
Signature of Applicant:				

To be eligible to attend a Control Your Money Game Seminar, a member must have at least 1 full year in the retirement system.

Mail Registration Form to:

Retirement Systems of Alabama - RSA Field Services Division Post Office Box 302150 Montgomery, Alabama 36130-2150

No registration forms will be accepted by fax or email.

These are half day seminars. Specifics will be mailed to you along with a Confirmation Letter. **Questions?** Call (800)214-2158 or (334)214-2158 ext. 1617 or 1509

Preretirement: 2008 registration Control Your \$\$